				ION OF HEA	LTH - STAN	DARD	CERTIFIC	CATE O	F DEATH	•	-62- 00	00390	
MBMT RA ·	ARTMENT OF PU			HEALTH AND WE	⁻ ⁻	rimary Regis	stration District N	. 100	O Registrar's No.	20	STATE	FILE NUMBER	
AM	IENULU	ſ	=	FILED JA	N 1 5 1057				· · · · · · · · · · · · · · · · · · ·	· · · <u></u>			
		<u>, </u>	1.	. PLACE OF DEATH	11 1 1 1 1 JUZ		<u> </u>			ICE (Where dece	eased lived. If inst	titution: Residence	before
AMENDED			_		hanan				a. STATE Mis	souri b.co	Buchan		
				OR	rporate limits, give TOW) Length o	of stay in 1b	c. CITY OR				Limits
¥				IOWN St. Jo	seph, Misson	uri		e 1911 Iside Limits	d. STREET		<u>, Missouri</u> cutside, give locatio		No 🗆
DATE				HOSPITAL OR		-			ADDRESS	•		·	on Farm
20			_	Marrian DOA	Missouri M	etnoai	st Hosp;	* 9X 140 L	L2	019 Nort	h 35th Str	eet 'Es 🗆	No <u>IC</u>
			3	. NAME OF DECEASED (Type or print)	First		Middle		Last	4. DATE OF	Month	Day	Year
1					ANNA		MAY	ŀ	ORELAND		January		<u>.962 </u>
_			5	. SEX	6. COLOR OR RACE		rried 🛣 Neve	r Married [8. DATE OF BIRTH	9. AGE (last I	birthday) IF UNDER	PAYS Hours	DER 24 HR Min.
		[-7-	Female	White				Sept.17,1	8 91 70)		1
_ \S			10		g life, even if retired)		ND OF BUSINESS		,		1	ZEN OF WHAT CO	JUNIKY
- 8			12	Housewif a. FATHER'S NAME	<u>'e</u>		Housewif		iUnion Sta	r, Misson	AME OF HUSBAND	S.A.	
FOLLOWS			13										
			1.5	William Moo . was deceased ever		S?	ALICE	Robisc	n 17. INFORMANT		erion M. M Address	oreland	
- S	(Yes, no, or unknown)				yes, give war or dates o	of service			Mn Monion	M Mono	lond_S+ T	aganh Mi	
ARE -		<u> -</u>	$\overline{}$	18. CAUSE OF DEATH	(Enter only one cause p	er line f			Mr. Merion	M. More.	tand-3c. D	INTERVAL E	SETWEEN
		戶		PART I.	DEATH WAS CAUSED	BY: Una	attended	Death-	Apparently	Natural	(auses	ONSET AND	DEATH
		DOCUMENT			IMMEDIATE CAUSE	(a) <u>U/U/</u>	wender	<u>, , , , , , , , , , , , , , , , , , , </u>	7.7.2.2.3.3		<u> </u>		_
HIS RECORD NSTEAD OF		JŎ										ì	
THIS			- {	Condition	ns, if any, 1 DUE TO	(b) In	rvestinas	ted bu (itu Health	. Departm	ent.		
		۵		which ga		(b) <u>In</u>	rvestigas	ted by (City Health	. Departm	ent.		
- - -		۵		which ga above of stating t	ons, if any, ave rise to cause (a), the under-ause last. DUE TO		rvestigas	ted by (Sity Health	Departm	ent.		
- - -		Q	NO	which ga above of stating t lying ca	cause (a), the under- ause last. DUE TO	CONDITION	NS CONTRIBUTION				PART III. If de	ceased was fer	male was
NO NO		Q	ATION	which ga above of stating t lying ca	cause (a), the under- ause fast. DUE TO	CONDITION	NS CONTRIBUTION				PART III. If de there i	a pregnancy in las	it 90 days.
NO NO		Q	IIFICATION	which ga above c stating t lying ca PART II.	cause (a), the under- ause last. DUE TO OTHER SIGNIFICANT disease condition give	CONDITION	NS CONTRIBUTII	NG TO DEAT	H but not related to	the terminal	PART III. If de there d	a pregnancy in las	unknown
NO NO		Q	CERTIFICATION	which go above containing from the part of	cause (a), the under- ause (ast.) DUE TO OTHER SIGNIFICANT disease condition give	CONDITION IN PART I	NS CONTRIBUTII	NG TO DEAT		the terminal	PART III. If de there d	a pregnancy in las	unknown
NO NO		Q		which gas above control of the contr	cause (a), hither understands (ast.) DUE TO OTHER SIGNIFICANT disease condition give	CONDITION IN PART I	NS CONTRIBUTII (a)	NG TO DEAT	H but not related to	the terminal	PART III. If de there d	a pregnancy in las	unknown
- - -		Q	EDICAL CERTIFICATION	which gas above constraint of lying constraint	cause (a), the under- under- under- under- under- DUE TO OTHER SIGNIFICANT disease condition give	CONDITION IN PART I	NS CONTRIBUTII (a)	NG TO DEAT	H but not related to	the terminal	PART III. If de there d	a pregnancy in las	unknown
NO NO		Q		PART II. 19. WAS AUTOPSY PERFORMED? YES NO TO INJURY Jam.	cause (a), the undersause last. DUE TO OTHER SIGNIFICANT disease condition give	CONDITION CONDIT	NS CONTRIBUTII (a) NICIDE 20b.	DESCRIBE HO	H but not related to	the terminal	PART III. If de there d	PART II of item	unknown
AMENDMENTS ON T		Q		which gas above control of the stating of the stati	cause (a), the undersause last. DUE TO OTHER SIGNIFICANT disease condition give	CONDITION CONDIT	NS CONTRIBUTII (a) NICIDE 20b.	DESCRIBE HO	H but not related to	the terminal	PART III. If de there de 'P' Yes	PART II of item	st 90 days. Unknown
AMENDMENTS ON T		Q		which gas above control of the contr	Cause (a), helpe (a),	CONDITION CONDIT	NS CONTRIBUTII (a) NICIDE 20b.	DESCRIBE HO	H but not related to W INJURY OCCURRED 201. CITY, TOWN, OF	the terminal (Enter nature of	PART III. If de there is represented in the part is on the part is	PART II of item	st 90 days. Unknown
READ AMENDMENTS ON T			eber, HAMEDICAL	which gas above of stating the stating of the stati	Couse (a), the undersause (ast.) DUE TO DUE TO DUE TO DUE TO TO THE SIGNIFICANT disease condition give 20a. ACCIDENT SUICE Month, Day, Year ACCIDENT SUICE DUE TO D	CONDITION CONDIT	NS CONTRIBUTII (a) ICIDE 20b. IRY (e.g., in or at reer, office bidg.	DESCRIBE HO	H but not related to W INJURY OCCURRED 201. CITY, TOWN, OF	the terminal (Enter nature of the LOCATION d last saw her all	PART III. If de there is a series of injury in PART I or COUNT	PART II of item	Unknown 18.) STATE
READ AMENDMENTS ON T			Kieber, Hay DICAL	PART II. 19. WAS AUTOPSY PERFORMED? YES NO 10. NJURY 20c. TIME OF INJURY D.	Cause (a), the undersause (ast.) DUE TO DUE TO DUE TO DUE TO To The SIGNIFICANT disease condition give 20a. ACCIDENT SUICE Month, Day, Year VORK 20e. PLA farm	CE OF INJUI	NS CONTRIBUTII (a) CICIDE 20b. RY (e.g., in or at treet, office bldg.	DESCRIBE HO	W INJURY OCCURRED	the terminal (Enter nature of the LOCATION d last saw her all	PART III. If de there is a series of injury in PART I or COUNT	PART II of item	STATE
READ AMENDMENTS ON T		OF	Kieber, Hay DICAL	which gas above of stating the stating of the stati	Cause (a), the undersause (ast.) DUE TO DUE TO DUE TO DUE TO To The SIGNIFICANT disease condition give 20a. ACCIDENT SUICE Month, Day, Year VORK 20e. PLA farm	CONDITION CONDIT	NS CONTRIBUTII (a) CICIDE 20b. RY (e.g., in or at treet, office bldg.	DESCRIBE HO	H but not related to W INJURY OCCURRED 201. CITY, TOWN, OF	the terminal (Enter nature of the LOCATION d last saw her all	PART III. If de there is a series of injury in PART I or COUNT	PART II of item	Unknown 18.) STATE
AMENDMENTS ON T		OF	R.W. Kieber, H. M. DOICAL	which gas above control of the contr	Couse (a), the undersuse (ast.) OTHER SIGNIFICANT disease condition give 20a. ACCIDENT SUICE Month, Day, Year ED 20e. PLA farm VORK 100	CE OF INJUI	NS CONTRIBUTII (a) CICIDE 20b. RY (e.g., in or at treet, office bldg.	DESCRIBE HOTO DOOUT home, (10, etc.)	W INJURY OCCURRED Of. CITY, TOWN, OF e date stated above, of	the terminal (Enter nature of the LOCATION d last saw her all	PART III. If de there is a series of injury in PART I or COUNT	PART II of item	STATE ed. TE SIGNED
AMENDMENTS ON T		OF	R.W. Kieber, H. M. DOICAL	which grade above control of the con	Couse (a), the undersause (ast.) OTHER SIGNIFICANT disease condition give 20a. ACCIDENT SUICE Month, Day, Year PORK 20e. PLA-farm Ceased from 23b. DATE	CE OF INJUI	NS CONTRIBUTII (a) NS CONTRIBUTII (b) RY (e.g., in or at treet, office bldg.	DESCRIBE HOTO DOUT home, to PMm on th	W INJURY OCCURRED 20f. CITY, TOWN, OR and date stated above, or 22b. ADDRESS	the terminal CENTER NATURE OF THE LOCATION d last saw her all and to the best of the bes	PART III. If de there is a series of injury in PART I or COUNT live on	PART II of item Y om the causes state 22c. DA	STATE ed. TE SIGNED
NO. SHOULD READ			R.W. Kieber, H. M. Bolcal	which gas above control of the contr	Couse (a), the undersuse (ast.) DUE TO DUE T	CE OF INJUI	NS CONTRIBUTII (a) NS CONTRIBUTII (b) RY (e.g., in or at treet, office bldg.	DESCRIBE HOTO DOUT home, to PMm on th	W INJURY OCCURRED 20f. CITY, TOWN, OR and date stated above, or 22b. ADDRESS	the terminal (Enter nature of the LOCATION d last saw her him along to the best of the best of the best of the location last last last last last last last last	PART III. If de there of the control	PART II of item Y om the causes state 22c. DA (State DUTI	STATE ed. TE SIGNED
AMENDMENTS ON T		OF	P.W. Kieber, K.M. Elsoncal	which gas above control of the contr	Cause (a), the undersause (ast.) OTHER SIGNIFICANT disease condition give 20a. ACCIDENT SUICE Month, Day, Year WORK 20e. PLA-farm Ceased from. 10 10 10 10 23b. DATE Jan. 8, 10 A	CE OF INJUINATION OF THE PROPERTY OF THE PROPE	NS CONTRIBUTION (a) RY (e.g., in or at treet, office bldg. 12:15 NAME OF CEME	DESCRIBE HOTO DOUT home, (act.) to PMm on th ETERY CRE COMMENT CR	W INJURY OCCURRED Of. CITY, TOWN, OF e date stated above, of	the terminal (Enter nature of the LOCATION d last saw her him along to the best of the best of the best of the location last last last last last last last last	PART III. If de there is a series of injury in PART I or COUNT live on from knowledge, from the count ive on	PART II of item Y om the causes state 22c. DA (State DUTI	STATE ed. TE SIGNED

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name	is recorded on the reverse side of this certificate was embalmed by me,
or by	, Student Embalmer No
working under my personal supervision.	A ASS
StudentSignature of Student Embalmer	_ Signed Maymond To More
Signatore of Student Embanner	Licensed Embalmer No. 5147

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING! (Failure to comply

with the above constitutes grounds for revocation of license). If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.